



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SPECIAL EDUCATION - COMPLIANCE
DUE PROCESS HEARING REQUEST NOTICE FORM – MODEL FORM

Directions

Your due process hearing request must be accompanied by a notice which includes the following information:

- Name of student and their address
- Name of agency/district child is attending
- Name of school student attends
- Name and address of Parent/Guardian
- Description of the nature of the problem relating to proposed initiation or change to the identification, evaluation, placement, or the provision of a free appropriate public education, and facts relating to the problem.
- Proposed resolution of the problem to the extent known.

Mail completed form to: Missouri Department of Elementary and Secondary Education (DESE)
Division of Special Education – Compliance
P.O. Box 480
Jefferson City, MO 65102-0480

Or FAX to: (FAX) 573-526-4404 Attention: Compliance Section

Also send copy to other party (if parent, send copy to school district; if school district, send copy to parent)

Contact Information

Child's Name	County
Agency/District Name	School Name

Child's address: _____
City, State, & Zip: _____
Parent/Guardian Name: _____
Address: _____
City, State, & Zip: _____
Phone: Home _____ Work _____

Description of the nature of the problem, including facts relating to the problem: (Additional pages may be attached)

Proposed resolution of problem if known: (Additional pages may be attached)